b) Special Analysis

i) Travel Time

One specific work activity that was examined was travel time. Analyses were conducted which were designed to compare travel-related time for counties of different sizes. Counties were given a size designation based on FTE information provided by CDSS. The breakdown is as follows:

Table IV.05–County Size Definitions

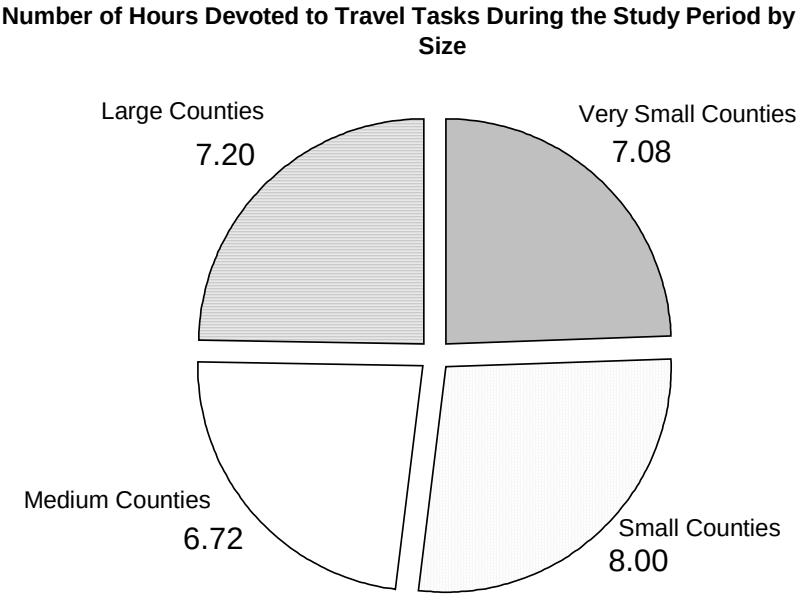
County Size Designation	**Definition**
Very Small	Less than 10 FTEs
Small	Greater than 10 but less than 50 FTEs
Medium	Greater than 50 but less than 100 FTEs
Large	Over 100 FTEs

Analysis of travel time was based on a single "travel-related" variable created by summing the activity times for three different tasks used during the workload study. These were "#40, Transportation of Client," "#14, County Car - Locate and Maintain," and "#93, Travel (other than client transportation)." The travel-related variable was created by summing all duration times (the length of time for an activity) for these three tasks for each employee who used them, creating a single time value for each employee. Employees who did not use any of the travel-related tasks were not included in this analysis.

General Travel Time

An average travel time was generated for each county size category. A general breakdown of travel time can be seen in Figure IV.05. In general, travel time was generally equivalent across all county sizes, with a range of between 6.72 hours (6 hours, 43 minutes) and 8.0 hours of average travel per employee reported during the 2-week study period.

Figure IV.05



The figure above shows the average number of hours an employee devoted to travel during the workload study. Hours are represented here in numeric (decimal) form. In general, there were no major differences in travel time for the various county sizes, with the largest difference (Medium Counties compared to Very Small) still only accounting for approximately one hour and 15 minutes of travel-related time per 2-week period.

It is possible that travel time impacts some employees differently than others based on the types of services that they provide to clients. With this in mind, an additional analysis was conducted based on county size and employee type. For this analysis, and others to follow, the same categories used earlier in the measured work time were utilized. Those three categories are: primary case work, nonprimary case work, and administrative (see Work Measurement Results and Findings section for operational definitions).

Travel Time Based on Employee Type

Average travel time for the 2-week study period was broken down by county size and employee type. The results of this analysis can be found in Table IV.06. Note that administrative-only employees are not represented here. As one would expect, administrative-only employees did not, as a rule, engage in work-related travel.

Although primary casework employees and non-primary employees engage in different work patterns, Table IV.20 shows that overall, travel time is equivalent for both groups. This is likely due to the effects of case aides who spend a great deal of time engaging in client transportation and who would appear as non-primary employees. Further analysis, based on a more detailed definition of employee types, would likely provide greater clarity on the impact of travel on work.

Table IV.06–Travel-Related Time by Employee Type

County Size Category		Primary Casework	Nonprimary Casework
Very Small	Mean	6:48:35	7:56:50
	Median	5:39:00	6:07:30
Small	Mean	8:26:57	7:25:23
	Median	5:53:00	4:43:00
Medium	Mean	6:49:06	7:00:33
	Median	4:50:00	3:15:00
Large	Mean	7:42:29	6:53:35
	Median	6:10:00	3:40:00

Note that median times are uniformly smaller than mean times for all county size categories. This suggests that a minority of employees are engaging in a great deal of travel, which "inflates" the mean value. It is likely that the average travel time that might best reflect the majority of employees is the median travel time.

ii) Overtime

Each staff person participating in the workload study was requested to submit two full work weeks worth of data. To look at overtime worked by staff, on-call, non-work time-gap, and workload study codes were excluded from the data set. Several limitations of the data preclude a straightforward analysis of time worked in excess of the planned workweek. One limitation is that all staff do not work the same number of days to put in their expected 40 hours, so that a weekly or biweekly analysis is necessary. Another limitation is that not all staff provided at least eight or more days of work time. Of the 13,584 staff in the study, 72.0% provided eight or more days of data and 12.84% of staff submitted more than 10 days of data.

The first analysis of overtime examined staff who reported eight or more work days on the workload study. As Table IV.07 portrays, there was a statewide average of 4.82 hours per week overtime (12.04%). Administrative-only staff had the least overtime (4.15%). Secondary case workers had the midrange (9.00%), and primary case workers had the most overtime (17.40%), working an average of 6.96 hours per week over 40 hours.

Table IV.07–Average Time for Staff Reporting 8 or More Days

Staff Type	**Number**	**Average Hours**	**Hours Time Over**		**Percent Overtime**
			80 hrs	**40 hrs**	
Administrative Only	1111	83.32	3.32	1.66	4.15%
Primary Casework	4185	93.92	13.92	6.96	17.40%
Secondary Casework	4485	87.20	7.20	3.60	9.00%
Total	**9781**	**89.63**	**9.63**	**4.82**	**12.04%**

The analysis above represents the majority of employees, however, those employees putting in between 11 and 14 days of work (12.84% of all employees) may be having an influence on the data greater than their numbers. With this in mind, the next analysis looked at the average time reported for staff who reported between 8 and 10 days on the workload study. This group represents 59.49% of the participating staff. Based upon a 40 hour week expectation, these staff averaged 1.04% overtime. These data are portrayed in Table IV.08. As the table shows,

administrative and secondary case work staff averaged near the 40 hour per week expectation, while primary case work staff averaged 5.50% over 40 hours.

Table IV.08–Average Time for Staff Reporting Between 8 and 10 Days

Staff Type	Number	Average Hours	Hours Time Over		Percent Overtime
			80 hrs	40 hrs	
Administrative Only	1014	78.33	-1.67	-0.84	-2.09%
Primary Casework	6624	84.40	4.40	2.20	5.50%
Secondary Casework	3743	78.35	-1.65	-0.825	-2.06%
Total	**8081**	**80.83**	**0.83**	**0.415**	**1.04%**

For those staff who submitted less than eight days of data, the average number of hours per day was examined. The administrative only staff averaged less than eight hours per day of work. This is likely due to work that was not CWS-related being performed. The primary casework staff reported an average of 8 hours, 43 minutes per day submitted or 8.87% overtime. This is similar to the 5.50% submitted by the primary casework staff who submitted eight to ten days of data.

It is recommended that the overtime estimates obtained from staff who submit eight to ten days of data be taken as representative of what is actually occurring statewide. Further, more precise coding of staff into position types would aid in refining this type of analysis.

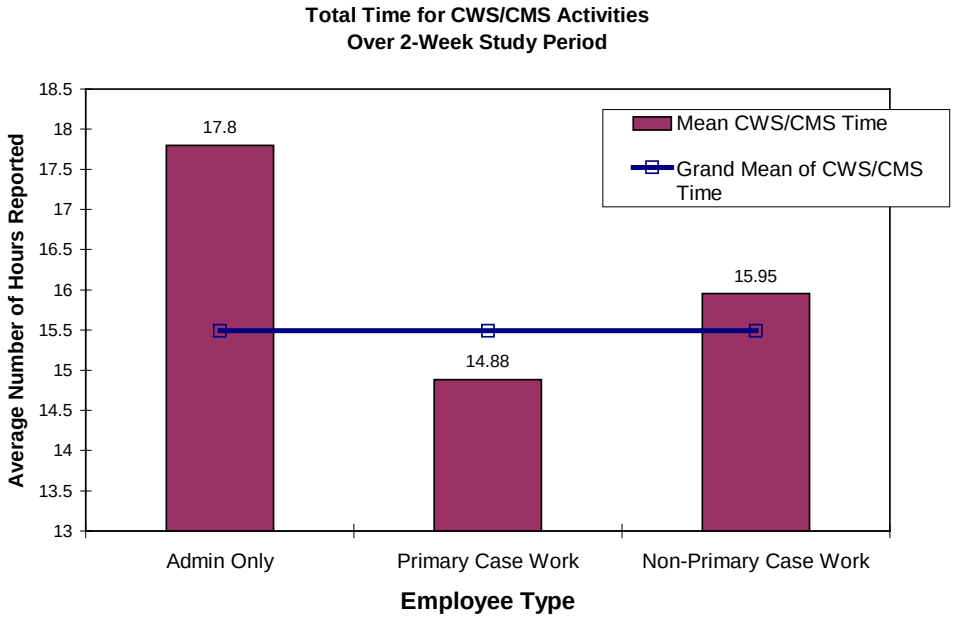
iii) CWS/CMS

CWS/CMS Activities

Time spent on CWS/CMS activities was derived by summing all activity duration times involving CWS/CMS for each worker. This was done for each activity using a code under the Task Category "CWS/CMS Computer Activities." Additional analyses were conducted separating the task "#116, Computer Waiting Time," from other CWS/CMS tasks.

Figure IV.06 shows the average number of hours reported for CWS/CMS activities for the 2-week study period. As can be seen in the figure, administrative-only staff reported more time using CWS/CMS than primary casework and non-primary casework employees. Primary casework employees reported the least CWS/CMS time, 14.88 hours for two weeks. The figure also shows the overall average number of hours on CWS/CMS for all employees in general, which is 15.5 hours for two weeks. The overall average number of hours of work time reported for the workload study period was 87.89 hours per employee, meaning that the 15.5 hours invested in CWS/CMS represents an average investment of 17.6% of all work time. This time spent in documentation of casework is required work. Whether it is spent entering child and family information directly into CWS/CMS, or is spent in manual processes it is still necessary. Documentation into automated systems has many advantages over manual systems. Among them are error checking, retrieval speed, and ability to transfer and summarize case information. Clearly, the use of CWS/CMS has a major influence on employees' work patterns.

Figure IV.06



This figure shows the average overall amount of time recorded for CWS/CMS activities during the 2-week study period, by employee type. Hours here are represented in numeric (decimal) form. Employees who reported only administrative activities during the study period recorded more time working with CWS/CMS than the other groups, although this difference is not especially large (between one and three hours more over a two week period). The line above represents the grand mean (or overall average) time spent on CWS/CMS activities during the study period, regardless of employee type. This time, 15.5 hours, represents 17.6% of the total work time for two weeks as reported by employees (assuming an average of 87.89 hours worked, which is the overall average reported by all employees).

An additional analysis was conducted, splitting out CWS/CMS time into the major program categories of Emergency Response, Screening/Hotline/Intake (ERA), Family Maintenance, Family Reunification, and Permanency Placement. The results of this analysis can be found in Table IV.09. Note that Screening/Hotline/Intake (ERA) and Emergency Response show the highest amounts of computer time invested (approximately 12 hours and 9 hours, respectively).

Table IV.09–Average Time Spent per Staff Member on CWS/CMS by Program Category, Over a 2-Week Period

Program Categories	**Mean**	**Median**
Non-CWS Services	6:11:31	1:47:00
Screening/Hotline/Intake	11:56:03	3:22:00
Emergency Response	9:00:12	4:00:30
Family Maintenance	3:42:57	1:50:00
Family Reunification	4:51:57	2:13:00
Permanent Placement	4:59:47	2:00:00

		Program Categories					
Employee Type		Non-CWS Services	Screening/ Hotline/ Intake	Emergency Response	Family Maintenance	Family Reunification	Permanent Placement
Admin Only	Mean	11:09					
	Median	3:47					
Primary Casework	Mean	3:56	8:52	8:58	3:55	5:01	5:13
	Median	1:15	2:00	4:20	1:55	2:25	2:12
Non-primary Casework	Mean	7:31	14:34	9:05	2:52	4:17	3:58
	Median	2:25	6:07	3:14	1:35	1:55	1:30

Table IV.09 above shows the average amount of time spent on CWS/CMS by program category. The top table shows the overall average time spent per program area over the two weeks of the study. The bottom table further breaks down the time into employee types. Note the higher mean values when compared to median. This difference suggests that a minority of employees are engaged in CWS/CMS activities for very long periods of time, which is "pulling" the mean value higher. The majority of employees are likely represented by the smaller median value.

A further breakdown by employee type shows that CWS/CMS time for ER cases is equivalent for both primary case work and non-primary case work employees (approximately nine hours for the two week period). CWS/CMS activities for Screening/Hotline Intake (ERA) cases, however,

require significantly more time investment for non-primary case work employees compared to primary. In fact, for non-primary case work employees, overall CWS/CMS time for Emergency Response (ER plus ERA) represents twice as much time investment as for the other program categories combined: 23.65 hours for two weeks is invested in CWS/CMS for ER and ERA combined, compared to 11.12 hours combined for the other program categories. Obviously, CWS/CMS impacts highly on the work patterns of those employees primarily involved in Emergency Response and Screening/Hotline/Intake - ER.

CWS/CMS Wait Time

During the focus group process, it was determined that the time spent waiting to work with CWS/CMS was a major expressed concern for employees. This wait time could entail waiting for CWS/CMS to become operational (e.g. "open"), or it could represent time spent waiting due to system failure (e.g. a "crash," with a possible reboot).[1] To look at this issue, an analysis of wait time as a proportion of the total time spent of CWS/CMS was undertaken.

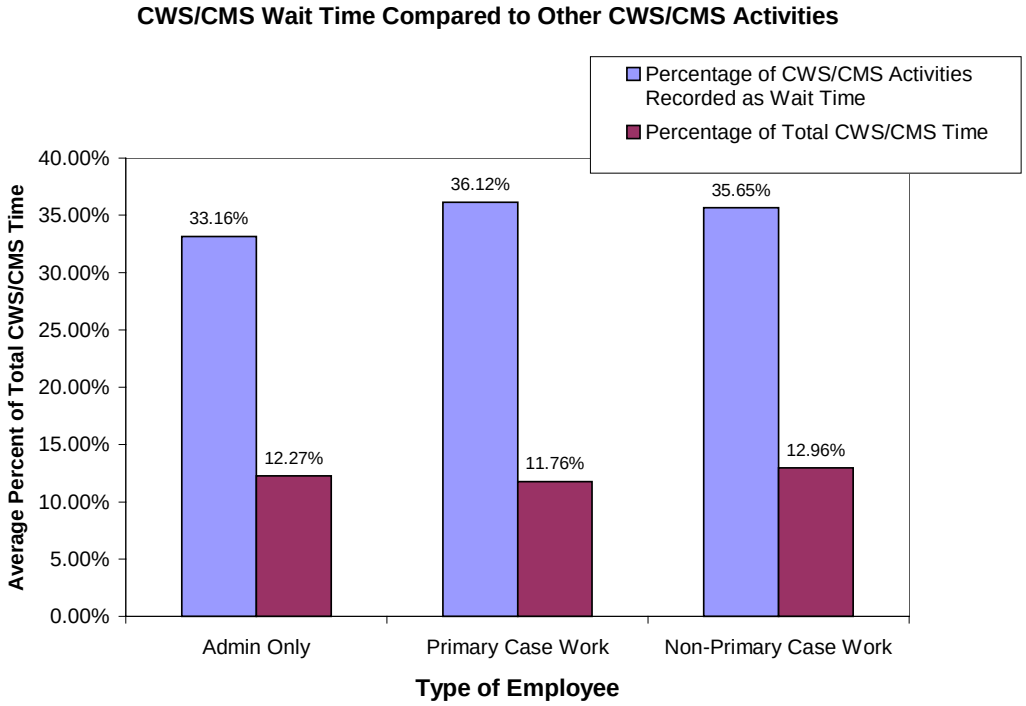
A comparison of CWS/CMS wait time compared to total CWS/CMS time is presented in Figure IV.07. The figure shows two variables related to wait time as a percentage of the total CWS/CMS time reported: number of wait time activity records reported, and the amount of time spent on wait time. Overall wait time is about 2 % of total worker time, which translates into just over ten minutes per day per worker.

To investigate how common CWS/CMS wait time is, the number of total wait time activity entries was compared to the total number of CWS/CMS entries. As Figure IV.07 shows, approximately one third of all CWS/CMS activity entries were wait time entries. This is regardless of type of employee: administrative, primary case work, or nonprimary case work. Still, this wait time appears to be of relatively short duration. Although wait time accounts for one-third of all CWS/CMS entries, it takes up only between 12 and 13% of all CWS/CMS-related time. However, 12 to 13% of time devoted to a computer application that is spent simply waiting represents a significant investment in time. Since one third of all CWS/CMS activities

[1] Note that this type of "wait time" was defined as CWS/CMS wait time only, meaning wait time related to use of the CWS/CMS case management software. A separate "wait time" task code was available for use in the event of technical problems, such as the server system being down, a power outage, or a computer workstation experiencing hardware problems.

are waiting, it should be seen as a widespread, common occurrence, confirming the experience of workers who participated in the focus groups.

Figure IV.07



The percentages above represent the total amount of time recorded for CWS/CMS activities during the 2-week study period, averaged for the three types of employees. As can be seen above, no real differences exist between the groups in terms of number of “Wait Time" activities recorded (approximately 1/3 of all CWS/CMS entries) or length of time spent waiting (between 12 and 13% of CWS/CMS time).

It is important to note that this waiting time represents time spent by employees that is essentially unproductive time. Employees were trained specifically in the SB 2030 training to record any work-related activities that they performed while waiting (whether this was CWS/CMS waiting time or any other waiting task code). This meant that if an activity (for instance, filing) occurred while an employee was waiting for the CWS/CMS to open, the time spent filing would appear in the daily log, but not necessarily any of the waiting time. This instruction was designed to maximize the recording of work-related activities. Wait time, therefore, represents time spent

simply waiting, with no other work-related activity occurring, and therefore may underrepresent the incidence of wait time.

iv) Staff Experience

Participants' Tenure in Child Welfare Services

The workload study instrument requested staff to identify the number of years/months they had worked for their county's child welfare services department. If a county has a high percentage of new staff, it is assumed that this indicates a greater need for new staff training. One limitation to this measure is that there may be staff with extensive experience who transfer between counties. If so, the study may overestimate the percentage of new staff. This issue will be addressed in the study recommendations. However, the tenure measure serves as a good starting point for the discussions that follow.

There were 5,687 primary caseworker staff participating in the SB 2030 Workload Study across the state. Of these, 74% (4,208) entered data on their tenure on their workload study instruments. Of all identified primary caseworker staff in the state, 26% (1,479) (who did not answer the tenure question on the Workload study instrument) are not included in the following analysis. Staff from one county, Colusa, did not provide any staff tenure information.

Table IV.10–Tenure in CWS by County Crosstabulation

		Tenure in CWS								
		Less Than 6 Months		Greater Than 6 Months		Less Than 1 Year		Greater Than 1 Year		Total Count
County Size	County	Count	% within county	Count	% within county	Count	% within county	Count	% within county	
Large	Alameda	10	7.50%	124	92.50%	15	11.20%	119	88.80%	134
	Contra Costa	2	3.40%	56	96.60%	4	6.90%	54	93.10%	58
	Fresno	18	11.50%	139	88.50%	30	19.20%	126	80.80%	156
	Kern	6	9.10%	60	90.90%	10	15.20%	56	84.80%	66
	Los Angeles	79	6.40%	1162	93.60%	173	14.00%	1067	86.00%	1240
	Orange	20	8.60%	213	91.40%	45	19.20%	189	80.80%	234
	Riverside	18	10.70%	150	89.30%	27	16.10%	141	83.90%	168
	Sacramento	34	19.00%	145	81.00%	50	27.90%	129	72.10%	179
	San Bernardino	33	12.40%	233	87.60%	46	17.40%	219	82.60%	265
	San Diego	38	9.00%	385	91.00%	68	16.10%	355	83.90%	423
	San Fransisco	13	10.10%	116	89.90%	16	12.50%	112	87.50%	128
	San Joaquin	12	13.50%	77	86.50%	14	15.70%	75	84.30%	89
	Santa Clara	14	9.30%	137	90.70%	20	13.20%	131	86.80%	151
	Stanislaus	6	12.80%	41	87.20%	8	17.00%	39	83.00%	47
	Tulare	19	31.70%	41	68.30%	24	40.00%	36	60.00%	60
Medium	Butte	2	8.70%	21	91.30%	3	13.00%	20	87.00%	23
	Imperial	0	0.00%	15	100.00 %	1	6.70%	14	93.30%	15
	Kings	5	25.00%	15	75.00%	8	40.00%	12	60.00%	20
	Mendocino	2	7.70%	24	92.30%	4	15.40%	22	84.60%	26
	Merced	4	7.70%	48	92.30%	5	9.60%	47	90.40%	52
	Monterey	8	18.20%	36	81.80%	10	22.70%	34	77.30%	44
	Placer	5	11.10%	40	88.90%	11	24.40%	34	75.60%	45
	San Luis Obispo	3	15.80%	16	84.20%	3	15.80%	16	84.20%	19
	San Mateo	4	7.80%	47	92.20%	7	13.70%	44	86.30%	51
	Santa Barbara	0	0.00%	34	100.00 %	4	11.80%	30	88.20%	34
	Santa Cruz	3	6.70%	42	93.30%	9	20.00%	36	80.00%	45
	Shasta	4	10.30%	35	89.70%	7	17.90%	32	82.10%	39
	Solano	1	3.10%	31	96.90%	2	6.30%	30	93.80%	32
	Sonoma	8	15.70%	43	84.30%	9	17.60%	42	82.40%	51
	Ventura	4	9.50%	38	90.50%	7	16.70%	35	83.30%	42
	Yolo	5	20.80%	19	79.20%	5	20.80%	19	79.20%	24
	Yuba	1	5.60%	17	94.40%	4	22.20%	14	77.80%	18

Table IV.10–Tenure in CWS by County Crosstabulation (continued)

		Tenure in CWS								
		Less Than 6 Months		Greater Than 6 Months		Less Than 1 Year		Greater Than 1 Year		Total Count
County Size	County	Count	% within county	Count	% within county	Count	% within county	Count	% within county	
Small	Del Norte	0	0.00%	6	100.00%	1	16.70%	5	83.30%	6
	El Dorado	1	5.30%	18	94.70%	1	5.30%	18	94.70%	19
	Glenn	3	42.90%	4	57.10%	5	71.40%	2	28.60%	7
	Humbolt	6	18.80%	26	81.30%	9	29.00%	22	71.00%	31
	Lake	3	27.30%	8	72.70%	5	45.50%	6	54.50%	11
	Lassen	0	0.00%	3	100.00%	0	0.00%	3	100.00%	3
	Madera	5	22.70%	17	77.30%	9	40.90%	13	59.10%	22
	Marin	2	9.10%	20	90.90%	3	13.60%	19	86.40%	22
	Napa	1	10.00%	9	90.00%	2	20.00%	8	80.00%	10
	Nevada	1	10.00%	9	90.00%	2	20.00%	8	80.00%	10
	Siskiyou	1	9.10%	10	90.90%	1	9.10%	10	90.90%	11
	Sutter	2	11.80%	15	88.20%	3	17.60%	14	82.40%	17
	Tehama	2	25.00%	6	75.00%	3	37.50%	5	62.50%	8
	Tuolumne	2	16.70%	10	83.30%	3	25.00%	9	75.00%	12
Very Small	Alpine	0	0.00%	2	100.00%	0	0.00%	2	100.00%	2
	Amador	0	0.00%	3	100.00%	2	66.70%	1	33.30%	3
	Calaveras	2	28.60%	5	71.40%	3	42.90%	4	57.10%	7
	Inyo	1	20.00%	4	80.00%	1	20.00%	4	80.00%	5
	Miraposa	1	20.00%	4	80.00%	1	20.00%	4	80.00%	5
	Modoc	0	0.00%	2	100.00%	1	50.00%	1	50.00%	2
	Mono	0	0.00%	1	100.00%	0	0.00%	1	100.00%	1
	Plumas	0	0.00%	3	100.00%	1	33.30%	2	66.70%	3
	San Benito	0	0.00%	5	100.00%	1	20.00%	4	80.00%	5
	Sierra	0	0.00%	2	100.00%	0	0.00%	3	100.00%	3
	Trinity	1	50.00%	1	50.00%	1	50.00%	1	50.00%	2
	Totals	**415**	**9.90%**	**3793**	**90.10%**	**707**	**16.80%**	**3498**	**83.20%**	**4205**

Across 57 counties,[2] 90.1% of the primary case carrying staff who entered tenure information had worked in child welfare services for more than 6 months (3,793). County-specific results are shown in Table IV.10 distributed across the very small to large county designations supplied to the project team by CDSS. Our analysis indicates that very small and small counties tend to have a slightly higher proportion of staff who have been on the job for less than 6 months (13.51% and 15.26% respectively) compared to the medium and large counties. Large counties have a slightly lower proportion of staff who have been employed less than 6 months compared to the statewide average.

[2] This count excludes Colusa, as noted above.

The most obvious impact on time for less experienced staff is in training and staff development in as much as counties with proportionately large numbers of new staff can anticipate that additional training will be needed. As training impacts noncase-related time, standards in this area would act to reduce the time on average available to provide services to cases in these counties. The next section describes how adjustments to training impact the available case- and noncase-related time.

Staff Training

As described above in the discussion of noncase-related time, training and staff development occupies a total of 2% of the time of all primary case-carrying workers. In relation to the category of noncase-related time, this is the equivalent of 7% of the noncase-related time or 4 hours per month for the average worker. Table IV.11 (below) provides a further breakdown by the tenure of case-carrying workers.

Table IV.11–Distribution of Training and Staff Development Time in Relation to Tenure

	Measured Hours	**Percent of Noncase-Related Time**	**Average Hours/Month**
< 6 mos (n= 400)			
Total Non-Case Time	8631.80		
Hours Training	1665.40	19.29%	11.02
6 mos and over (n=3,566)			
Total Non-Case Time	93418.90		
Hours Training	5571.33	5.96%	3.41
All Staff (n=5352)			
Total Non-Case Time	136523.33		
Hours Training	9710.45	7.11%	4.06
Revised CALSWEC Training Requirement for new Workers/month			41.67
Current Measured Hours			11.02
Additional Hours Needed per Month for New Workers			30.65
Current Non- Case Related Time for New Workers			53.91
Non-Case Related Time for New Workers Adjusted for Training			84.56
Case Related Time for New Workers Adjusted for Training (173.2 – 84.56)			88.64

It shows that, for case-carrying workers with 6 months tenure or less, the average time per month spent in training is 11.02 hours, or 19.29% of the average worker's noncase time per month. For case-carrying workers with more than 6 months tenure, the average hours are 3.41 per month or 5.96%. Compared to the time of 41.67 hours per month for training being recommended by the CALSWEC Core Training Curriculum Development Committee, it is estimated that this would leave new workers short by over 30 hours each month. To address this need for training, it will be necessary to adjust the noncase-related time for workers with less than six months of tenure accordingly.

Implementing this adjustment for future budget and allocation processes will also necessitate that worker tenure be included as an adjustment factor in future PCAB processes.

v) Special Studies–Focus Group Results

Focus groups on specific areas of practice identified by the advisory group as needing more thorough exploration were held in several locations in the state in October and November. Members of the CALSWEC Core Training Curriculum Development Committee met in October to discuss workload issues for training. During the first week in November, counties sent representatives to groups meeting on wraparound services, multicultural/multilingual services, independent living, CalWORKs/domestic violence, and structured decision making held in Sacramento. During the second week, counties sent representatives to groups meeting on Healthy Start/other school-based initiatives, Health and Education Passport, Family Unity/Family Group Conferencing, and assessment of relative homes held in Los Angeles.

The groups were primarily qualitative and exploratory in nature, due to the fact that some of these areas of practice are relatively new, or not well-defined, or contain wide variations in implementation in different counties. Preliminary data was available from the 2-week workload study for the units of service involved in independent living services and in assessment of relative homes to use in a structured estimation process. However, participants in both of those groups felt better information could be gained by further definition of the work involved, so that structured estimation was not used at this time. The group discussing training issues made specific recommendations for time needed.

In the nine groups meeting in November, the format included a brief overview of the SB 2030 workload study and orientation to the goals of the focus group, a discussion by each county represented of practice in the area being studied, a consideration of best practice, and whether the current practice met the guidelines for best practice or not, any barriers to fully implementing best practice, consideration of the time needed for best practice, and a decision about the best way to study the area in the future. Materials related to these focus groups can be found in Appendix 5. These descriptions below should not be considered exhaustive as the discussions held in the focus group were time-limited and therefore captured only a cursory view of the programs. Still, the information gathered should set the groundwork for further inquiry in future studies should the state decide to pursue that path. Following the descriptions is a summary of issues, recommendations for best practice, and suggestions regarding further study.

The following sections describe the important factors identified by each group.

Training

The special study in the area of training is based on the work done by the CALSWEC Core Training Curriculum Development Committee. It includes recommendations for the number of training hours needed for new caseworkers and new supervisors, the rationale for the recommendations, and relevant issues for all categories of training for caseworkers and supervisors. In preparing to make decisions about estimated training times, the committee considered the following factors: preparation by the trainees, training setting (classroom, distance learning, self-taught), on-the-job training (OJT), post-training homework, post-training consultation, and training evaluation (satisfaction forms, focus groups, knowledge testing, skills assessment). The committee also identified several potential training issues that could affect an estimate of time for training involving managers/administrators, including the recommended OJT which would be associated with Supervisory Training (i.e., managers supporting the transfer of learning of supervisors), and the option for managers to attend the Overview of Worker Core training.

Time needs for advanced training were considered, but no estimates were set, as the committee felt additional members would be needed for that task. It was noted that there are usually one or

more state-mandated training sessions per year, each running 8-16 hours, and that one county recommends 30 hours per year in advanced training.

Numbers of hours needed for training were estimated for new caseworkers during the first year of employment and new supervisors during the first year in a supervisory role. In each area, the estimates include both time for the trainee and time for the caseworkers and supervisors who are involved in their on-the-job training.

- New Caseworkers: during the first year of employment new workers will participate in a total of 501-555 hours in both classroom/classroom equivalent and on-the-job training. The Core Training in the Classroom and Equivalents was estimated to need 361 hours (45.125) covering 9-10 weeks. This includes participation in all formal core training, to be delivered by the academies, whether by means of the classroom, distance learning or other means. It includes all preparation, homework, and evaluation - but not the transfer of learning (OJT) activities. It addresses all of the CALSWEC competencies (diversity practice, child welfare skills, social work skills, human behavior, workplace management, child welfare administrative policy/planning), and legal processes) and the CWS/CMS training. The Core Training – OJT/Transfer of Learning component was estimated to need between 140-194 hours, spread out over the trainee's first year. Much of this will be done with the supervisor, mentor or experienced colleague, although some will be done independently (e.g., completing workbook activities). Some of the OJT time will also likely be county-specific training activities. The exact scheduling of Core Training in the Classroom and the OJT has not been set. While the classroom training will start first, the OJT training may begin before the classroom training has ended, so that there is some overlap of the two types of training. The following configuration of hours for OJT supports the trend toward a longer probation period of nine months, where the trainee has a reduced caseload until probation is completed: Month 4 -- 38-44 hours, Month 5 -- 32-40 hours, Month 6 -- 28-34 hours, Month 7 -- 20-24 hours, Month 8 -- 14-20 hours, and Months 9 through 12 – 2-8 hours each. The time needed for supervisors and experienced caseworkers to provide this OJT, a total of 45 to 64 hours, was estimated to be: Month 4 -- 14-17 hours, Month 5 -- 11-15 hours, Month 6 -- 9-12 hours, Month 7 -- 5-7 hours, Month 8 -- 2-5 hours, and Months 9 through 11, 1-2 hours.
- New Supervision Training: there are two components of new supervisor training -- the classroom training and the OJT training, for a total of 124 – 180 hours. The classroom time (totaling 112-160 hours) is divided into a formal New Supervisor component (72-120 hours), CWS/CMS component (24 hours), and the Orientation to New Worker Core Training component (16 hours). The OJT (12 – 20 hours) includes exercises and assignments such as support one's partner (during the Bay Area Supervisors Foundations training, trainees are paired and travel to each others counties to learn from and support each other). Other possible OJT components will be transfer of learning activities with the supervisor's manager and participation in transfer of learning assessments.

- The committee noted that the current workload study might have underrepresented actual time spent in training since some staff were asked to postpone training activities during the workload study period. In addition, further study is needed, with more representation from County representatives, in order to set time estimates for advanced worker and supervisor training.

Wraparound

Counties represented:

Santa Barbara, Humboldt, Santa Clara, Sacramento, Stanislaus

Other organizations represented:

SMART – CSOC

Wraparound programs are designed to provide coordinated, family-based services to children, and involve the participation of a variety of community partners, which may include schools, mental health, substance abuse services, probation, and other community-based organizations. Wraparound projects first started in Alaska, Illinois, Vermont, and New Zealand. California got interested in Wraparound services in 1993 and Santa Clara County implemented Wraparound services in 1994. SB 163 was introduced in 1997, and provided a way for counties to use State foster care funding for family-based services to eligible children as an alternative to out-of-home care. These services focus on family strengths and engage the families in creating service plans. Today 24 counties have submitted letters of intent to implement practice. It takes a long time for counties to get the program implemented with trained staff serving families, however, with so many counties interested in Wraparound services the need for a study of this area is apparent.

Only a few counties have implemented Wraparound programs; however, many counties are using some of the concepts of Wraparound. Therefore, the group believed that any future study of Wraparound should look at both the official programs and at the components being used independently in other counties.

- Turnover is an issue with multidisciplinary teams. When one person from the team leaves, the new person needs to be trained and brought up to speed on the existing cases.
- Santa Clara County is assigning up to 44 cases to a worker. Each child is a case. Each child deserves a day of attention per month. A meeting of the MDT takes up to six hours each. If best practices are to be achieved, dramatically lower caseloads must be achieved--fifteen cases per worker is more reasonable to be proactive.
- Amount of paperwork from all levels of government is a big problem. Santa Clara has worked to limit the paperwork. Other counties should also reduce paperwork.
- UC Santa Barbara is doing a study of outcomes for Santa Barbara County. All counties need to focus on outcomes in order to achieve best practice.
- Longitudinal studies are needed to determine more precisely what is needed for best practice.
- The impact of federal funding needs to be considered in implementing best practice changes in the program.
- Conduct an annual or semi-annual conference on Wraparound.

- Conduct a special workload study for wraparound, including the programs and the unofficial use of components in non-program counties.
- Review cases along with future time study, rather than just repeating the workload study.
- Perform staff interviews to get at what is needed for best practice.
- Include the partner agencies, schools, community based organizations, probation, mental health, and substance abuse.
- In the future, match workload to outcomes

CalWORKs/Domestic Violence

Counties represented:

San Diego, Riverside, Stanislaus, Santa Cruz

The CalWORKS/DV provision, implemented in 1998, was designed to coordinate income benefits and services for victims of domestic violence and their children. The guidelines for practice in this area require that applicants and recipients of public assistance be screened for domestic violence, to ensure that they are not placed at risk for further domestic violence by any of the CalWORKS requirements, and that they receive referrals for appropriate services. In addition, domestic violence protocols are to be developed. The group indicated that these

protocols in California CWS county programs are in their infancy, with a few exceptions. Therefore, it is too early for them to be considered using Best Practices in this area. Many counties are just now attempting to establish linkages for collaboration with domestic violence groups in the community. Counties are hoping to create a process to develop protocols and to train workers on domestic violence as well as updating resources and learning more about how domestic violence affects children. Therefore, staff working in this area need a lot of research to guide them.

- In order to achieve best practice, domestic violence protocols needs to be developed.
- Develop training to implement the protocols.
- There is also a great need for training in handling cases if best practice is to be achieved.
- Domestic violence needs to be considered a risk factor for children by all counties. San Diego has been using domestic violence since 1994.
- More coordination is needed with law enforcement and the district attorney.
- More efforts to remove the perpetrator, instead of the children, are needed for best practice.
- There needs to be more collaboration between CWS and CalWORKs. Need to learn how to better tap into TANF dollars for use in best practices.

- Time study using structured estimation process.
- Regulations are needed.
- Develop CWS domestic violence protocol.
- Periodic domestic violence conference
- A study to gather outcome data is needed.
- Domestic violence and substance abuse cross-over issues need to be studied.

Independent Living Program

Counties represented:

Contra Costa, Fresno, Humboldt, Los Angeles, Sacramento

The Independent Living Program (ILP) involves case management and services to young adults and teens. Community Care Licensing regulations do not promote best practice in ILP and in many cases are obstacles to best practice.

- Regulations for the Community Care Licensing program should be reviewed to determine if any of the regulations impact the ability to promote best practices in the Independent Living Program.
- Need policy clarification on who is eligible for services—for example, whether Kinship Guardianship Assistance Payment (KinGAP) youth are eligible for ILP, do probation cases qualify for ILP, and do mental health cases qualify for ILP? If these cases are eligible for services then many more staff are needed.
- CWS/CMS has a strong impact on the quality of ILP services.
- Graduation exercises and celebration parties for youth need to be taken into account in the budget and staffing needs for CWS. Best practice would require these services.

- Need both work measurement and outcome studies to determine which better achieves best practice, contracted versus county-provided services. (Contra Costa County had contractors complete the workload study.)
- A workload study is recommended (The group was split between structured estimation or a time log approach using staff sampling)
- Add Probation and Post-Emancipation Services as units of service in the workload time study.
- After-hours programs for youth need to be included in the time study.
- The time study also needs to include case counts by type:

  CWS cases
  Probation
  Mental Health
  KinGAP
  Substance Abuse
  Other

Multicultural/Multilingual

Counties represented:

Los Angeles, Humboldt, Santa Clara, Riverside, Sacramento, Stanislaus

Currently there is no statewide approach to multicultural or multilingual issues. Most social workers utilizing multilingual or multicultural protocols find themselves, of necessity, doing more case management activities rather than social work, due to a lack of time. There was a lot of interest in this area, even participants in other groups brought up this area as a concern.

- Deaf unit in Los Angeles is the only one in the nation. There is a staffing issue (therefore, current caseloads are no less than 55). They have had to deal with multiple American with Disabilities Act (ADA) grievances. Best practices cannot be achieved on these cases unless significantly lower caseloads are provided.
- Current practice is not anywhere near best practice in this area. Therefore, there is a need to develop multicultural/multilingual programs from the ground up. Use Santa Clara as a model for developing additional multilingual/multicultural units.

Structured Decision Making

Counties represented:

Humboldt, San Bernardino, Orange, Sacramento

Structured Decision Making (SDM) is a set of assessments addressing child safety, risk, and strengths and needs which produce criteria for determining the service needs for families and children. Of the assessment tools, the risk assessment is grounded in research that classifies families into risk categories. The safety and risk assessments are used during Emergency Response activities. If a case is open for services, both risk and strengths and needs are assessed and periodically re-assessed to determine service intensity based on contact standards. The objective of the assessment system is to improve child welfare decision making and help insure that children at risk are targeted for services.

Structured Decision Making (SDM) is on the road to best practice in California, but it has not yet arrived. It is not fully implemented in most pilot locations, and is not used at all yet in most counties. The contact standards have not yet been fully developed, though in family maintenance cases standards of number of contacts per month have been established. Staff members are concerned, however, that it is what is done with clients when there is contact that makes up best practice, not just the number of contacts. The group was clear that, while they generally regard SDM as best practice, the assessment process also takes more time than current practice. More staff will be needed to make SDM work properly, both to implement the assessment activities and the contact standards. Additionally, there were concerns that the agency may be held accountable, particularly by the courts, in the absence of adequate resources. If reasonable efforts are defined in the terms of number of contacts, this may be counterproductive.

Other issues raised about SDM as a practice were that: reliance upon a purely quantitative approach risks being less comprehensive, for example, by focusing on the primary caretaker instead of the combination of caretakers; the inclusion of historical events can result in high-risk ratings in cases that are not substantiated and offer no leverage for providing services; and coordination is needed between the SDM assessment and the case plan available in CWS/CMS so that the family strengths identified can be integrated into the plan.

- SDM provides county agencies with the ability to tangibly describe the work and offers a framework for making consistent decisions and documents the need for services. SDM is especially helpful in the neglect area. The court has been involved in the process and the tools are used in testimony for these cases.
- More community resources are needed for cases in the low- or moderate-risk categories. These resources at the community level would support the decisions regarding the participation of the CWS agency. For rural communities with little access to these types of resources, this is more problematic. Also, finding sufficient qualified agencies/resources for multicultural/multilingual cases is also difficult
- SDM is especially useful for training new social workers as it is research-based, can help with case planning, and can help identify outcomes. Training must include the whole process of judgment and of overriding the rating received, if and when appropriate, and should include supervisors.

- Documentation is needed to show that families are not willing to accept services when offered.
- Move ahead with SDM cautiously as it does address important best practice issues. It is not the magic bullet and refinements are needed.

Healthy Start and School-Linked/Based Services

Counties represented:

Orange, Sonoma, Santa Clara, Los Angeles

Healthy Start is a school-linked program which aims to improve the academic performance of children by addressing basic health and other needs, including those related to child abuse and neglect. Across the state, the structure of programs and the relationship between and the programs and schools differ; in some counties, Healthy Start efforts are targeted to pre-school-aged children, while in others the funding supports programs for teens in high schools. Examples of Healthy Start services offered include: medical, mental health, alcohol and other

drug (AOD), domestic violence (DV), conflict resolution counseling, self-esteem and personal safety groups, and tutoring or homework support. Some Healthy Start programs conduct parenting classes and perform outreach to parents to assist their children in their education. In addition, a key component of many programs is the education of teachers and other school-based mandated reporters about child abuse and neglect. Several of the counties work closely with their local Student Attendance Review Board (SARB) to reduce absenteeism and drop-outs.

One county's Healthy Start program contacts the families of every incoming kindergartner to ensure the child's preparation for school prior to the beginning of the school year and to inform families about the services available through Healthy Start. Potluck nights are held once a month to connect families to schools and to social work staff, who are housed in the schools. Paraprofessionals are used to work with families in their homes. One focus of the program is to keep children in school, so families are contacted if a child has more than one absence.

Another county has used Healthy Start to offer services to teens, and while the aim of the program is prevention, much of the work at the high school level turns out to be intervention addressing issues such as gang activity, teen pregnancy, suicide, and sexual abuse. The Healthy Start program uses multi-service teams composed of probation officers, school psychologists, AOD counselors, gang counselors, and mental health staff. The program has offered counseling for stress management, conflict management, gay/lesbian issues, teen pregnancy, sexually transmitted diseases, suicide prevention, and other support services. In many cases, a family conferencing model is used to involve the whole family in problem solving and to identify siblings attending other schools who might also need prevention services.

Other issues for Healthy Start programs include the need for multicultural/multilingual services to reach families who need these services, and the need to plan for ongoing funding after the 3-year grant that established the program ends.

- The group felt that, ideally, a full-time, clinically experienced social worker should be placed in every school. These staff should be accountable, have relevant training and experience, and possess strong case management, assessment, and public relations skills. They should not carry a regular caseload so that they have the time to do both prevention and needed interventions.

- Multi-service teams should be regularly convened for case conferencing and collaboration; counties need to enhance the program's ability to collaborate with other organizations at the district and county levels and to prevent duplication of services. Multicultural/multilingual services should be available. It would be useful to fund a Healthy Start coordinator, who would convene case conferences and other meetings, provide training, secure grants, and perform other needed duties.
- Healthy Start social workers housed in schools should have more access to support staff and/or a way to link information to the CWC/CMS system. In addition, CalWORKs staff could be housed at school sites to connect parents with services.
- Services should be targeted to incoming kindergartners and to as many older grades as possible. Suggested outcomes included: reduced absenteeism and drop-out rates; reduced discipline problems; reduced referrals to CPS and chronicity of illness/problems of clients served; early identification of families with needs; increased social and behavioral skills (measured by pre/posttest); increased parenting skills (measured by pre/posttests); increased utilization of basic health care; and increased academic competence/school completion rates.

- The group recommended several possible methods for future study: a structured estimation process, 'shadowing' a social worker in a well-established program to record time and activities, and a thorough description of differences in Healthy Start services across counties, so that time recommendations are tailored to the different program designs.

Health and Education Passport

Counties represented:

Los Angeles, San Bernardino, Santa Cruz, Riverside, San Diego, Placer

The Health and Education passport is a summary document designed to track key medical and educational information for each child in foster care. Since the passport must be provided to the foster parent or other care provider each time a child is moved, the information must be as current as possible. Key elements of the passport include: a medical history, record of immunizations, list of allergies, current medications, current grade level performance, and names/addresses of physicians, dentist, and school.

The six counties represented have been working with the Health and Education passport for widely differing lengths of time. In the counties where the passport has been in use for a number of years, systems have been developed: to compile the medical needed information from parents, case workers, physicians, and care providers; to send out reminders on a timely basis about upcoming physical and dental appointments; and to disseminate the information, particularly if

the child changes placements. Much of the work is done by public health nurses, though in some counties support staff take care of many of the logistics. All medical information is reviewed by the nurses prior to its inclusion in the passport. In addition to initial passports on children coming into care, updates are also needed. In addition to the passport itself, nurses in some counties attend new foster parent training to discuss the importance of health care, and educate physicians in the area about the need to generate a report for each visit.

Caseworkers, with the help of support staff in some counties, are responsible for getting the educational data needed for the passport.

- Because of the need for timely medical information on children, the group recommended having someone at the court to interview the parents. Parents have been receptive about providing information to public health nurse, in the counties that have already been able to do this. They suggest also providing pre-addressed, pre-stamped envelopes for parents to send in additional information. Additional suggestions around court included having the courts mandate that parents provide this information prior to disposition of the court action, and modifying the dependency petition to gather information about the child's date and location of birth.
- Provide additional training to relative caregivers about the need for regular medical and dental visits, and the need to send all paperwork regarding each visit back to the department. There was discussion of the current norms for how often routine check-ups should be made. As another way to encourage caregivers to return the paperwork, a suggestion was made to offer incentives to fill out the forms needed – with the idea that it might save money in the long run due to worker/clerical time spent reminding them to do it.
- Several suggestions were made about enhancements to information systems. It would save time to have direct access to claims payment system for Child Health and Disability Program (CHDP) and/or Medi-Cal, or use case matching system to share data. It would be useful to have CWS/CMS track physicals and dental requirements and generate tickler files which would update automatically with new addresses and foster care status for any child. More information is needed at the county level about printing the passport from CWS/CMS as there have been some losses of data.
- Additional attention needs to be paid to children on probation who are placed in foster care, who do not always get CHDP exams; children in out-of-county placements, and children in group homes.
- The group suggested it would save time to have physicians employed by CWS available to do initial exams. It would also help to have one place to tell caregivers to take the child.

- The group felt a lab study would be most accurate. It would need to be done with a variety of cases, using experienced Public Health Nurses, and would need to include staff funded by CHDP and other funding sources.

Family Group Decision Making

Counties represented:

Los Angeles, Santa Clara, Kings, Stanislaus, San Diego, Riverside

Family group decision making (FGDM) is a strengths-based approach to problem solving that engages families to create plans for resolving their problems. Originally designed and implemented in New Zealand, FGDM has taken on many forms in the United States, and several models are currently used in California. One model, the Family Decision Meeting (FDM), has been used and evaluated for several years, has developed a practice manual, and is being adopted by other programs across the state and the country. Typically FDM is used in permanency cases in which decisions about reunification or adoption are needed, but recently the county has expanded its scope to include emergency response cases as well. Once a referral is made by the social worker on a case, a Coordinator handles all the planning and preparation for the family meeting, and a Facilitator (who may work with a Co-facilitator) handles the meeting itself. There was discussion of whether one person could combine both the coordination and facilitation role, but in this model, it was found through experience that the two roles should remain independent. The coordinator spends many hours finding family members (including fathers, who have sometimes been overlooked) and educating them about what is needed, as well as contacting community professionals and educating them about the process. The facilitator meets the family for the first time at the meeting, which is often held after hours to accommodate family work schedules. One hallmark of the FDM approach is that the final decisions and plans are made by the family alone, with professional staff leaving the meeting for a period of time. In this program, while the coordinators are full-time staff doing only that work, the facilitators are drawn from social workers throughout the agency, who are paid overtime for the hours they spend in a family meeting. By holding trainings for facilitators throughout the year, social workers gain exposure to FDM and there is an agency climate encouraging (though not

In contrast, another form of FGDM in use, called Family Unity Meeting (FUM), is used at all phases of CWS work, does not include alone-time for the family, and holds all family meetings in normal business hours. Another model, Family Conferencing, features involvement from many other community agencies, and conferences can be held for drug treatment court, APSD, CalWORKs and juvenile court as well as for CPS cases. All CWS staff receive a mandatory 1-day training in family conferencing. Staff interested in becoming a facilitator can take the 5-day beginning training and another advanced training course. The county using family conferencing has found that when it is used in emergency response cases, there has been a decreased likelihood that the worker will have to file a petition. It has also been used for permanency, adoption, and even to make future plans for an adolescent about to emancipate.

One of the important issues in implementing any form of FGDM is the degree of support from the agency. Counties which mandate that social workers refer a certain number of cases have sometimes had difficulty with worker resistance, especially if referring cases results in extra hours of work with no additional compensation. But without some form of encouragement, workers may not know about FGDM, or turnover may be so high that even though workers were trained at one point, a new group coming in will not be familiar with the program. Several suggestions for encouraging referrals to family groups, without mandating referrals, were to include the information early in new worker training, and to use an agency-wide newsletter or email telling staff about the outcomes of some of the family meetings so that they know about the results obtained.

Other issues important to family group decision making include: the support of the courts, the availability of meeting space (if not held in the home or the agency), the availability of translators if necessary, and the use of co-facilitators from outside agencies who can help the primary facilitator and may be asked to offer feedback after the meeting concludes.

- Build-in sufficient preparation time for family conferences. Preparation may include: finding family members (particularly missing dads), bringing families in from out of state, conducting background checks, locating a facility for the meeting, educating CWS and non-CWS service providers in advance of the meeting, discussing the conference framework and process with family members, and discussing the relationship between the family conference and the courts. While coordinators in some counties have set up a meeting for the next day in as little as five hours, a more complex case with multiple family members and community collaterals could take between 25 and 40 hours.
- Include training in FGDM at multiple levels (worker, supervisor, administrator) and even outside the agency (particularly with judges). If possible, have each new worker's on the job training include attending a family meeting. Training should encourage respect for families and for cultural/linguistic differences. Encourage referrals to FGDM through education and communication rather than by mandating a certain number per year.
- Recruit families who have experienced FGDM to act as mentors for those new to the process. Creating a families speakers bureau can facilitate the building of community buy-in to the process. Measure impacts such as client satisfaction, use of less restrictive settings for children, and improved safety and permanency.
- Other resources needed for best practice include: overtime pay for work above regular hours, especially evening or weekend family meetings, support staff, food for the meetings (which often span a mealtime), and funding for outcomes studies and self-evaluations.

- Conduct a time study using FGDM counties and cases that are practicing family group conferencing using a Best Practice model.

Assessment of Relative Homes

Counties represented:

Los Angeles, San Diego, Orange

Since 1992, California law has put increasing emphasis on the placement of children with relatives whenever possible. When it is necessary to remove a child from the home, parents are asked to identify their preference for a relative placement. Once relatives have been located or have volunteered to take the child, an assessment must be made of the ability of the relative to provide a safe home and appropriate care for the child, to protect the child from an abusive parent, to facilitate the case plan, visitation with other relatives and court-ordered reunification plans, and to provide legal permanence if reunification fails. One of the most pressing issues in the assessment of relative homes is the necessity to complete the assessments quickly (within 3 hours for an emergency relative home assessment) and yet gather all the information needed.

The assessment process includes going to the home and talking with the relatives, checking it for structural problems, running clearances on the potential kin caregiver(s) and getting a waiver if there are any prior criminal records that would not impact the current child placement, and arranging assistance (such as extra beds, clothing, medical services, transportation). In some counties, one person is available to do all the emergency relative assessments, and in other counties, the responsibility lies with each ER worker who determines that a kin placement would be the best plan. Unlike foster homes, which may be prepared to take in a child during the night, it is not always possible to do assessments of relative homes after hours, so children may need a temporary stay. In addition, counties have different arrangements for the care of the child while an assessment is being done – some workers take the children with them on the relative home visit, some leave them in the office, and some take them temporarily to a shelter where they can receive attention, but are not formally admitted. There are special considerations for placing a medically fragile child or child with special needs with relatives. In those cases, usually the child is placed in shelter or a foster home while the relative gets the necessary training in CPR and other medical procedures.

Additional discussion focused on the complementary roles of the social worker doing the assessment and the eligibility worker. Eligibility workers used to go out with a social worker on home calls, which group members felt was useful because they got to make personal contact with families and could help them negotiate the system better. It was suggested that it would be good to reinstate this practice, because while the social worker is talking about the children and building a relationship, the eligibility worker (and tech assistant) could take care of details such as checking the safety of the house.

Finally, there was discussion about the need to provide more help to the relative caregivers. For example, they can apply for medical assistance for the child and can get aid once the child is declared a dependent, but there is a need for emergency funds to help with immediate needs the first few days the child is brought into a relative home. The group also considered the issue of a cut off in aid if the caregivers become legal guardians, which will be addressed with the implementation of Kin-Gap.

Los Angeles has created an innovative program called Grandma's House to offer information and support to relative caregivers and it receives so many requests for information there is a need to expand to serve more areas. There is a need for more support for relative caregivers, many of whom are grandparents, and for recognition of the contribution of these caregivers. With a relative, there may be more demands on the worker to help the family with getting children's education and medical needs met, whereas with a foster parent, those questions have been covered in foster parent training.

- Have the state develop a standardized process across counties for relative search as well as relative assessment, particularly to find fathers. Also, recognize de facto relatives, such as a step great-aunt, who would not now qualify for aid, but who may be considered by the child and family to be kin.
- Have two people involved in an assessment of a relative home. One suggestion was to have both a social worker and eligibility worker go to the home. Another suggestion was to have one worker go the relative home, but have a second person stay in the office with the child and make phone calls for background checks, to court, etc. Do some cross-training of eligibility workers and social workers so each knows the scope of work done by the other.
- Have the staff and the time to inform relatives about the system and resources for which they qualify in addition to assessing them for suitability. Making that support ongoing so they can get their questions answered. Provide a mechanism to get emergency aid to relatives – in the form of coupons, bus tokens, etc., – until TANF or some other form of aid can be started. Always leave the relative with information about who to call, where to get more information, what the process of adoption or guardianship entails, how to access resources, how they can get child care and/or respite care.
- Rather than place an emphasis on speed in these assessments, spend more up-front time. One county has merged the emergency relative assessment form with the long-term form, because each supplies needed information to make the best placement for the child. Use strengths-based interviewing. Especially if the relative is a grandparent, the pace may need to be slower so the grandparent does not feel rushed.

- Do a time study of a sample of counties, using all staff involved in the assessment of relative homes, and build in a way to track multi-tasking.

c) Budget Review and Financial Modeling Findings

Purposes and Current Budgetary Approach

State and county needs influence the budget methodology. In general from a state perspective, the purposes in budgeting for the CWS program are to:

- Fund programs at an adequate and acceptable level in keeping with statutory program requirements;
- Maximize federal CWS program support;
- Assure compliance with all federal funding requirements; and
- Provide counties maximum CWS program flexibility.

From a county perspective, the purposes of the CWS budget are to:

- Adequately fund county CWS programs, both those required by statute and those developed under county direction;
- Maximize federal and state CWS program support;
- Obtain and not exceed county-authorized CWS fund support; and
- Comply with state and federal statutory and reporting requirements.

The CWS program is currently developed using a service-based approach that establishes justified county staffing from the number of cases divided by caseload factors. Costs are then compiled for the actual costs of the justified staffing, and supervisory and clerical staff. Direct